## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/591303 APPLICANT(S)

FILING DATE

## **CLAIMS**

|                 | AS FILED   |          | AFTER 1"AMENDMENT |               | AFTER 2 MAMENDMENT |          |
|-----------------|------------|----------|-------------------|---------------|--------------------|----------|
|                 | IND.       | DEP.     | IND.              | DEP.          | IND.               | DEP.     |
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| TOTAL<br>IND.   |            | ₽        | 2                 | •             |                    | •        |
| TOTAL<br>DEP.   |            | <b>—</b> | 8                 | <b>4</b>      |                    | <b>←</b> |
| TOTAL<br>CLAIMS |            |          | 10                | 5.00          |                    |          |

PTO - 1360 (REV. 11/04)

| IND.         DEP.         IND.         DEP.           51              52              53              54              55              56 | IND. | DEP.     |
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| TOTAL IND.   |      | 1        |
| TOTAL DEP.   |      | <b>(</b> |
| TOTAL CLAIMS   |      |          |

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